PEER MEMBERSHIP AGREEMENT

DISTRIBUTOR NAME AND ADDRESS: _____

_____

_____

_____

PHONE NUMBER: _____ FAX NUMBER: _____

CUSTOMER CONTACT: _____

RJR CUSTOMER #: _____ RJR CONTACT: _____

RJR WEEKLY VOLUME (ALL BRANDS): _____ ASSIGNED FORSYTH BRAND: _____

RETAIL STORES SERVICED: _____

GEOGRAPHIC AREA SERVICED: (Attach additional sheet if necessary)

COUNTY	STATE	COUNTY	STATE

ALLIANCE ACCRUAL AVAILABLE: _____
(FROM ORIGINAL PROGRAM)

AVERAGE WEEKLY VOLUME _____

AGREED TO INTRODUCTORY WORKPLAN: ☐ YES ☐ NO
(ATTACH APPROPRIATE ALLIANCE ORDER FORM)

PRODUCT ORDER FORM ATTACHED: ☐ YES ☐ NO

MERCHANDISING/POS ORDER FORM ATTACHED: ☐ YES ☐ NO

KICK-OFF PROGRAM START DATE: 3 WEEK LEAD TIME 8 WEEK PERIOD END DATE: _____

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BY SIGNING THIS FORM, THE UNDERSIGNED DISTRIBUTOR ACKNOWLEDGES THAT IF IT CEASES TO BE AN ACTIVE MEMBER OF PMA, IT WILL NOT BE ELIGIBLE TO PURCHASE THE ASSIGNED FORSYTH BRAND.

_____ _____

CUSTOMER DATE RJR DATE

Source: https://www.industrydocuments.ucsf.edu/docs/ssvp0000

PEER MEMBERSHIP AGREEMENT

REMARKS

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Source: https://www.industrydocuments.ucsf.edu/docs/ssvp0000

PEER ASSOCIATE MEMBER AGREEMENT FORM

By signing this form and subject to Peer approval, the undersigned distributor agrees to become an associate member of Peer Marketing Associates (Peer). As an associate member of Peer, the undersigned distributor is entitled to participate in the Forsyth Products / Peer Marketing cigarette program.

The undersigned distributor acknowledges that it is not entitled to participate, as an associate member, in any of the other Peer programs or rights granted full members other than the Forsyth Products / Peer Marketing cigarette program.

To become an Associate member, the undersigned distributor agrees to pay an initiation fee of $100 to Peer Marketing Associates (at the time this form is submitted) to cover the Peer's administrative costs. This form and payment should be mailed to Peer Marketing Associates; 16 Arcadian Avenue, Suite C 1; Paramus, New Jersey 07652; Attn: Associate Member Form.

Customer Signature Date

Distributor Name

Address

City and State Zip Code

Phone Number

51843 7841

RJR will reimburse $100 fee after joining